

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
Alameda, NM 88210

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR  
STEVENS OPERATING CORPORATION

3. ADDRESS OF OPERATOR  
P. O. Box 2408, Roswell, NM 88201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1650 FSL 660 FWL Sec 15 T7S R26E  
AT TOP PROD. INTERVAL: Same as above  
AT TOTAL DEPTH: Same as above

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☒  
SHOOT OR ACIDIZE ☒  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) Perf ☒

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
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☐  
☐  
☐

5. LEASE  
NM 27634  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
N/A  
7. UNIT AGREEMENT NAME  
N/A  
8. FARM OR LEASE NAME  
Hanagan Federal  
9. WELL NO.  
4  
10. FIELD OR WILDCAT NAME  
Undesignated Abo  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 15, T-7-S, R-26-E  
12. COUNTY OR PARISH  
Chaves  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3700.8 GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Propose to add perfs at 4190, 91, 92, 93, 4239, 40, 41, 42, 43, 44, 4364, 65, 66, 67 and acidize interval and then frac all perforated intervals.

RECEIVED  
NOV 10 1982

OIL & GAS  
MINERALS MGMT. SERVICE  
ROSWELL, NEW MEXICO  
Set @ \_\_\_\_\_ Ft.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

18. I hereby certify that the foregoing is true and correct

SIGNED Peter W. Chester TITLE Production Coordinator DATE November 1, 1982

APPROVED (This space for Federal or State office use)

APPROVED BY (Orig. Sec.) PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NOV 10 1982  
FOR  
JAMES A. GILLHAM  
DISTRICT SUPERVISOR

\*See Instructions on Reverse Side